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D. IEP & Evaluation Claims

Supervisory unions are able to bill for the case management services involved in the development of subsequent IEPs and evaluations for Medicaid eligible recipients ages three through twenty-one. As the child does not meet the criteria of receiving services under an IEP until after the first IEP has been developed, there is no reimbursement for the child's initial evaluation or IEP/IFSP.

Before any claims, including these case management claims, can be submitted the supervisory union must have received consent from the student's legal guardian to release the confidential information needed.

CLAIMS FOR 3-YEAR SPECIAL EDUCATION REEVALUATION (PINK FORM – T1018 TM)

Supervisory unions can submit Medicaid claims for 3-year special education reevaluations. It is suggested that this form be printed on pink paper. Reimbursement for this service is limited to once every 910-day period.

Effective for Evaluation meetings held September 1, 2009 or later, the Reevaluation Claim Form (Revised September 2009) must be used.

The service log form is completed by the case manager for a student being re-evaluated for special education eligibility. The case manager must check the appropriate box at the top of the page ("Initial Evaluation", "3-Year Reevaluation", "Student's first eval but was on IFSP" or "Completed Form 8"). Medicaid does not reimburse for an initial evaluation or the completion of a form 8. The case manager needs to complete the following information on the form in ink:

- All student information needs to be completed, such as: student's name, SS#, etc.
- The type of evaluation must be checked.
- The beginning date of the evaluation process, the completion date of the evaluation process and the evaluation determination meeting dates need to be completed.
- At least six activities must be checked by the case manager.
- The eligibility determination must be checked in box 10 to indicate eligible or not eligible.
- The case manager must sign, print their name and date the form.

The Medicaid clerk reviews the forms submitted by case managers. Any claims checked as "Initial Evaluation" or "Form 8" are filed in the student's file and not submitted. Prior to submitting the claims, the Medicaid clerk checks:

- **All entries are made in ink.** As this is a permanent record, pencil/white-out is not acceptable.
- Verify that header information, type of evaluation and process dates are completed.
- At least 6 activities are checked.
- Box 10 (eligibility determination) is checked and eligible or not eligible is checked.
- The case manager has signed, printed their name and dated the form.

Any forms that are not properly completed need to be returned to the case manager for correction or clarification.

FREQUENTLY ASKED QUESTIONS

If a student is found ineligible for special education and then is later found eligible again, is the evaluation considered an initial evaluation?

Yes, when a child is found eligible for special education and they are not on an IEP at the time of the eligibility determination, the evaluation is considered to be an initial evaluation. This is true even if they had received special education services at some point in the past.

If a student is found ineligible for special education, is the reevaluation that found the student ineligible able to be billed to Medicaid?

Yes, when a child is found eligible for special education and then later found ineligible during a reevaluation, the reevaluation that found the student ineligible is billable.

If a child moves to Vermont from another state and has been receiving special education services in the sending state, can we bill the first Vermont evaluation that is done for that child?

No, the first evaluation that is done in Vermont for a student is considered an initial evaluation even if the child has already had an evaluation in another state. This initial Vermont evaluation can not be billed as the federal government required that this service not be billed as part of Vermont's Medicaid rate negotiations.

Can I bill for a Supplemental Evaluation?

No, you may only submit one pink (reevaluation) form every 910 days.

Can I bill for a form 8?

No, a form 8 is not eligible for reimbursement.

CLAIMS FOR ANNUAL IEP – (BLUE FORM – T1024 TM)

Supervisory unions can submit Medicaid claims for IEP development after the initial IEP/IFSP. It is suggested that this form be printed on blue paper. The reimbursement for this service is limited to two in a 275-day period.

Effective for IEP meetings held September 1, 2009 or later, the Annual IEP Claim Form (Revised September 2009) must be used.

The service log form is completed by case managers to document a child's IEP development. Case managers must check the appropriate box at the top of the page ("Initial IEP", "Student's first IEP but was on IFSP", and "Annual IEP/IEP Revision"). Medicaid does not reimburse for an initial IEP. IEP revisions with a billing date of September 1, 2009 or later, can no longer be billed to Medicaid.

The case manager needs to complete the following information on the form in ink:

- All student information needs to be completed, such as: student's name, SS#, etc.
- The type of IEP must be checked.
- The beginning date of the IEP process, the completion date of the IEP process and the IEP meeting dates need to be completed.
- At least six activities must be checked by the case manager.
- The case manager must sign, print their name and date the form.

The Medicaid clerk reviews the forms submitted by the case managers. Any claims checked as "Initial IEP" are filed in the student's file and not submitted for reimbursement. Prior to submitting the remaining claims, the Medicaid clerk checks:

- **All entries are made in ink.** As this is a permanent record, pencil/white-out is not acceptable.
- Verify that header information, type of IEP and process dates are completed.
- At least 6 activities are checked.
- The case manager has signed, printed their name and dated the form.

Any forms that are not properly completed need to be returned to the case manager for correction or clarification.

FREQUENTLY ASKED QUESTIONS

If a child moves to Vermont from another state and brings an IEP from the sending state, can a supervisory union bill the new Vermont IEP that is written for that child?

No, the first IEP that is written in Vermont for a student is not billable.

How many IEPs can be submitted in a year?

Only two IEP's (blue forms) can be submitted in a 275-day period.

Can I bill for an amended/revised IEP?

No, effective for billing dates 9/1/09 or later.

Reminder: In order to bill Medicaid for the case management services on the pink and blue forms, a Release of Information form is required. A Physician Authorization form is not needed.